

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/22/03.

I. DISPUTE

Whether there should be additional reimbursement for pain management system - E0781, cold therapy wrap - E1399, water circulating pad - E1399, post-op fracture brace - L3670, - abduction pillow - E1399 delivered 4/22/02 and HVPG Smart Wave - E0745 delivered 9/6/02 reduced or denied by the carrier based upon "M" – fair and reasonable.

II. RATIONALE

None of the disputed services have a MAR listed in the Commission's Medical Fee Guideline (MFG). Per Rule 133.307 (g)(3)(D) "if the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §133.1 of this title (relating to Definitions) and §134.1 of this title (relating to Use of the Fee Guidelines);

With the exception of the E1399 – abduction pillow, the requestor furnished copies of EOBs indicating that multiple carrier have accepted the bill amount as fair and reasonable. Therefore, additional reimbursement is recommended for the pain management system - E0781, cold therapy wrap - E1399, water circulating pad - E1399 and post-op fracture brace - L3670 delivered 4/22/02 and HVPG Smart Wave - E0745 delivered 9/6/02. The requestor failed to support that the charges for the abduction pillow – E1399 were fair and reasonable. On this basis, reimbursement for this one service is not recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for pain management system - E0781, cold therapy wrap - E1399, water circulating pad - E1399 and post-op fracture brace - L3670, - delivered 4/22/02 and HVPG Smart Wave - E0745 delivered 9/6/02 in the amount of **\$1,417.47**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,417.47** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 23rd day of January 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division